

**Application for Master Plumber Examination**  
Michigan Department of Energy, Labor & Economic Growth  
Bureau of Construction Codes / Plumbing Division  
P.O. Box 30255, Lansing, MI 48909  
517-241-9330  
www.michigan.gov/bcc

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**Examination Fee: \$100.00 (Nonrefundable)**

|   |   |
|---|---|
| Authority: 2002 PA 733<br>Completion: Necessary for examination consideration<br>Penalty: Application cancelled and fee forfeited | DELEG is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities. |
|---|---|

**Instructions:** Applicant shall be at least 18 years of age, hold a journey license issued under 2002 PA 733 and have a minimum of 4,000 hours experience in work as a journey plumber over a period of at least 2 years immediately preceding the date of application.

- Complete and **sign original application**. Type or print in ink.
- Master plumbers who supervised you as a journey plumber must certify your dates of employment and have their signature notarized.
- Enclose a check made payable to the **State of Michigan**.
- Mail completed application (**all pages must be submitted**) and payment to the address listed above.

**Eligibility of Applicants From Another State or Country**

A person who is licensed as a master plumber in another state or country may qualify for examination upon a determination by the board that the license was obtained by the person through substantially the same or equal requirements as those of the state of Michigan. Out-of-state/country applicants must provide a copy of their current license with the licensing rules and regulations from that state/country.

|                            |          |   |
|----------------------------|----------|---|
|                            |          | OFFICE USE ONLY<br>T-81                             |
| NAME (Last, First, Middle) |          | LAST 4 DIGITS OF SOCIAL SECURITY NUMBER*<br>XXX-XX- |
| HOME ADDRESS               |          | DATE OF BIRTH                                       |
| CITY                       |          | COUNTY  |
| STATE                      | ZIP CODE | TELEPHONE NUMBER (Include Area Code)                |

**Current Status**

|   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Have you previously applied to take the Michigan master plumber examination? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you been licensed as a journey plumber in Michigan?                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Journey Plumber License No. 82- _____   |                              |                             |
| 3. Are you licensed as a master plumber in another state or country?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Master Plumber License No. _____ State/Country _____                            |                              |                             |

**Examination Preference**

Examinations are conducted in March, June, September and December of each year. Please indicate a preference of examination date. If approved for examination, an admission card will be mailed to you approximately 10 days prior to the examination date. If the examination date you have selected is full, you will be scheduled for the next available examination.

Preferred Date \_\_\_\_\_ ☐ No Preference - Next Available Examination

If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

\*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

**Background Information**

Have you been convicted of a felony or misdemeanor? ☐ Yes ☐ No

If yes, complete the Conviction History section below. Failure to accurately respond to this question will result in you forfeiting any rights of consideration for examination and issuance of a plumber's license in the state of Michigan.

**Conviction History**

In accordance with the Former Offenders Act, 1974 PA 381, this is to provide you with an opportunity to explain your affirmative response to the question above which asked if you had been convicted of a felony or misdemeanor.

If you are unsure of exact details, respond to the best of your knowledge. The information requested on this form is required under 2002 PA 733 and will be used to process your application. Attach additional sheet(s) if necessary.

YOUR NAME WHEN CONVICTED

INDICATE CONVICTION(S) FOR WHICH YOU WERE CHARGED

DATE(S) OF CONVICTION(S) AND SENTENCE(S)

NAME AND ADDRESS OF SENTENCING COURT(S)

CHECK **YES** OR **NO** TO THE FOLLOWING

1. Are you a current inmate? ☐ Yes ☐ No

2. Are you currently on probation / parole? ☐ Yes ☐ No

If yes, provide the name, address and telephone number of the correctional facility, probation officer or parole officer.

RELEASE DATE FROM CUSTODY, PROBATION OR PAROLE

REHABILITATION PROGRAMS ENROLLED IN OR COMPLETED

**Conviction History Certification and Signature** (To be signed only if Conviction History section above is completed)

I hereby certify the statements and facts provided are true and accurate to the best of my knowledge. By signing this form, I give my permission to allow the Bureau of Construction Codes to contact appropriate agencies regarding my record of conviction(s).

SIGNATURE OF APPLICANT

DATE

**Employment Information** - This section is to be completed by the master plumber supervising the applicant

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| NAME OF EMPLOYER  |  |  | NAME OF MASTER PLUMBER   |  |  |
| BUSINESS ADDRESS  |  |  | DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR)  |  |  |
| CITY  |  |  | From: To:  |  |  |
| STATE   |  |  | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time No. Hours/Week _____ |  |  |
| ZIP CODE  |  |  |  |  |  |
| TYPE OF WORK PERFORMED  |  |  |  |  |  |
| <input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair   |  |  |  |  |  |
| DESCRIPTION OF WORK   |  |  |  |  |  |
| I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as a journey plumber installing plumbing. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued. |  |  | Subscribed and sworn before me, _____  |  |  |
| SIGNATURE OF MASTER PLUMBER   |  |  | this _____ day of _____, _____,  |  |  |
| LICENSE NUMBER  |  |  | a Notary Public in and for _____ County, Michigan.   |  |  |
|   |  |  | Signature of Notary Public _____   |  |  |
|   |  |  | My Commission expires: _____, _____  |  |  |

**Previous Employer** - This section is to be completed by the master plumber who supervised the applicant

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| NAME OF EMPLOYER  |  |  | NAME OF MASTER PLUMBER   |  |  |
| BUSINESS ADDRESS  |  |  | DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR)  |  |  |
| CITY  |  |  | From: To:  |  |  |
| STATE   |  |  | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time No. Hours/Week _____ |  |  |
| ZIP CODE  |  |  |  |  |  |
| TYPE OF WORK PERFORMED  |  |  |  |  |  |
| <input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair   |  |  |  |  |  |
| DESCRIPTION OF WORK   |  |  |  |  |  |
| I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as a journey plumber installing plumbing. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued. |  |  | Subscribed and sworn before me, _____  |  |  |
| SIGNATURE OF MASTER PLUMBER   |  |  | this _____ day of _____, _____,  |  |  |
| LICENSE NUMBER  |  |  | a Notary Public in and for _____ County, Michigan.   |  |  |
|   |  |  | Signature of Notary Public _____   |  |  |
|   |  |  | My Commission expires: _____, _____  |  |  |

**Certification and Signature** (Must be signed by all applicants)

|  |      |
|--|------|
| I certify the information provided is true and accurate to the best of my ability and that I have the experience required for this examination. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued. |      |
| SIGNATURE OF APPLICANT   | DATE |